



Know Your Benefits 2002

Employee Benefits Plan Highlights



Healthcare

Dental

Vision

Life Insurance

Short Term Disability

Reimbursement
Accounts



Maricopa County

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The information in this booklet highlights Maricopa County's benefits program.

It is intended to be a guide to help you make important decisions. The benefits described are brief summaries of the County's official plan documents and contracts that govern the plans. If there is a discrepancy between the information in this booklet and the official documents, the official documents will govern.

Maricopa County reserves the right to change or terminate any of its plans, in whole or in part, at any time.

Participation in any of the County's benefit plans is not a contract of employment.

*Information about the County's benefits plans is available on the **County's Internet site:** <http://www.maricopa.gov/benefits/> the **EBC intranet site:** <http://ebc.maricopa.gov/benefits/> or you can e-mail*

Employee Benefits at BenefitsService@mail.maricopa.gov or call 602-506-1010.

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Maricopa County recognizes your valuable contributions by offering comprehensive benefits to provide protection and assistance to employees dealing with the high costs of healthcare and the risks of lost income due to death or disability, and to help you prepare for a secure retirement.

The County's benefits program provides:

- A choice of Medical Plans,
- Mental Health & Substance Abuse Benefits,
- A choice of Dental Plans,
- Life Insurance Benefits,
- Short Term Disability,
- Health Care & Dependent Care Flexible Reimbursement Accounts (Mariflex),
- A Deferred Compensation Plan,
- Arizona State Retirement and Public Safety Retirement System Benefits

WHO'S ELIGIBLE?

You can participate in Maricopa County's benefits program if you are a regular employee scheduled to work at least 40 hours per pay period.

Employees working under specific contracts may or may not be eligible for certain benefits. Each hiring authority will determine under each contract if employees covered under these contracts will be benefits eligible. Temporary employees and those who are scheduled to work less than 40 hours per pay period are not eligible to participate in the benefit plans described in this booklet.

ARE MY DEPENDENT'S COVERED?

A legally married spouse and eligible children can be covered by the plans. Your unmarried children can be covered if they are under age 19 or a full time student under the age of 25. A student's full time status is determined by the educational institution. Employees must provide a formal transcript from the school to the insurance carrier for children over 19.

Eligible children include natural and adopted children, stepchildren, children who have been placed for adoption, and children for whom you or your spouse is the court-ordered legal guardian.

Children with mental or physical disabilities can be covered past age 19 as long as you or your spouse provides at least half their support and you or your spouse claims them as dependents on

your income tax return. The insurance carriers require documentation of their disability. It is the employee's responsibility to provide this directly to the carrier.

WHEN DOES COVERAGE START?

Benefits will start the first pay period following 14 days after completed forms are submitted. If paper work is not received in the Employee Benefits office within 60 days of employment, your medical coverage will default to HealthSelect with single coverage for yourself and basic life only (one times your annual salary).

HOW DO I ENROLL?

New Hires – You should attend the New Employee Orientation enrollment meeting to receive benefit plan information. If you are not scheduled to attend an orientation meeting, you have the following options:

- Ask your Human Resource liaison for a copy of the benefits video presentation and the appropriate enrollment materials.
- Go online to obtain the information and enrollment forms you need to make your coverage choices.

The Intranet, EBC address is:

<http://ebc.maricopa.gov/benefits/>

The Internet address is:

<http://www.maricopa.gov/benefits/>

- Contact Employee Benefits via Internet mail at BenefitsService@mail.maricopa.gov (Benefits Service is the internal email address on the Global address list.)
- Call Benefits for information at 602-506-1010

*It's the employee's responsibility
to submit benefit elections
to the Employee Benefits Office.*

Employees have 60 days from their hire date to elect and submit their benefit elections. To prevent a delay in your coverage and preserve your choice of plans, the forms should be turned in as soon as possible.

After the 60 day eligibility period expires, no change in benefits will be allowed until the next open enrollment period, unless you have a qualified family status change as defined under IRC Section 125.

WHO PAYS FOR COVERAGE?

Employees who work 60 or more hours per pay period (75% or more of regular hours for given position) receive the maximum, full time County contributions for the medical benefit plan.

Employees who work 50% to 74% of their position's full time hours and join HealthSelect, receive 100% of the County's full time contribution.

Employees who work 50% to 74% of their position's full time hours will pay a higher premium for the CIGNA medical plan than an employee who works over 75% of time. Please review the premium rate schedule on page 16 for additional information on the cost of coverage.

Premiums are deducted from your paycheck. **YOU** are responsible to check your pay stub to see that correct deductions are taken.

When you elect your coverage, you authorize the County to collect the rates published and updated annually in this document for each plan you join. If there is a clerical error, the County will correct the administrative error on a no loss, no gain basis between you and the County. This means all premiums and claims will be adjusted to reflect the correct amounts back to the point when the error occurred whether paid by the employee or the County.

Deductions for the medical, dental and reimbursement spending accounts (Mariflex) reduce your taxable income and therefore save taxes you would otherwise pay. The tax savings in turn reduces the cost of your benefits. This tax advantage is provided under and follows the rules of IRC Section 125.

The County will pay \$75 a month to those employees who are scheduled to work at least 60 hours per pay period and who waive their medical coverage. Compensation will be remitted in biweekly paychecks from the County. You must provide *Proof of Other Coverage* to Employee Benefits to qualify for the medical waiver compensation.

WHAT IF I GO ON A LEAVE OF ABSENCE?

- The maximum period of time the County will continue its contribution for employees who are on an approved personal leave of absence is 90 days.
- The maximum period of time the County will continue its contribution for employees who are on an approved medical leave of absence is 180 days.

You must continue to pay your portion of the insurance premium in order to receive County contributions. Non-payment of premium will result in coverage cancellation effective the last day of the pay period in which premium was paid. If coverage is canceled as a result of non-payment of premium during any leave of absence without pay, your coverage may be reinstated with no waiting period and with no-pre-existing condition limitations upon your return to a benefit eligible active employment status with Maricopa County.

Medical waiver money is suspended for eligible employees during a leave without pay.

WHEN DOES COVERAGE END?

Coverage ends the last day of the payroll period in which premium was paid or the last day of the payroll period in which the employee and their covered dependent ceases to be in a benefit eligible position, whichever comes first.

Exceptions

- Dependent Spouse and step-children coverage ends on the date of divorce. Premium stops the last day of the pay period in which the employee provides 3rd party documentation to Employee Benefits.
- It is the responsibility of the employee to notify the benefits office of an overage dependent. While coverage ends on the day the dependent becomes over the limiting age, the premiums for that dependent will be taken through the last day of the pay period in which notice was given to Employee Benefits.

WHEN CAN I MAKE CHANGES?

Maricopa County's Cafeteria Plan allows a participant to revoke a benefit election during the plan year under the following condition: if the revocation or re-enrollment is due to a qualified family status change and consistent with the status change as defined under IRC Section 125. Benefit election changes are consistent with family status changes only if the election changes are necessary or appropriate as a result of the family status change.

If you have a family status change any time during the year, you can change the level of your coverage (for example, from "Employee Only" to "Employee and Family") if you notify Employee Benefits within 31 days of the event. You cannot switch from one plan to another. Special rules apply to life insurance and short term disability.

FAMILY STATUS CHANGES DEFINED

A cafeteria plan may permit an employee to revoke an election for coverage under a group health plan during a period of coverage and make a new election that corresponds with the special enrollment right provided in HIPAA. It is the responsibility of the employee to submit the change request to Employee Benefits, by submitting an enrollment/change form and attaching appropriate 3rd party documentation of the qualifying event within 31 calendar days of a family status change. Retroactive changes may not be allowed unless otherwise required by law.

Examples of Qualified Family Status Changes as permitted by IRC Section 125

1. Leave under the FMLA
2. Judgement decree or order resulting from a divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order that requires accident or health coverage for an employee's child or for a foster child who is a dependent of the employee.)
3. Entitlement or loss of entitlement to Medicare or Medicaid

4. Change in Status:

A cafeteria plan **may** allow an employee to change their election if they experience a change in status **and** the election modification satisfies the consistency rule.

Changes in status are limited to the following changes:

- a. **Legal Marital status:** Events that change an employee's legal marital status, including the following: marriage, death of spouse, divorce; legal separation, or annulment.
 - b. **Number of Dependents:** Events that change an employee's number of dependents, including the following: birth, death, adoption, and placement for adoption. In the case of dependent care, a change in the number of qualifying individuals as defined in IRC Section 21 (b)(1).
 - c. **Employment Status:** Any of the following events that change the employment status of the employee, the employee's spouse, or the employee's dependent:
 - A termination or commencement of employment,
 - A strike or lockout,
 - A commencement of or return from an unpaid leave of absence.
 - d. **Eligibility:** Dependent satisfies or ceases to satisfy eligibility requirements.
 - e. **Residence:** A change in the place of residence of the employee, spouse or dependent.
 - f. **Loss of coverage:** A loss of other coverage or loss of coverage through spouse's employer.
5. Significant cost or coverage changes.

Consistency Rule:

Health care benefit election changes must be consistent with the status change event.

For example, if you get married, you may add your new spouse to your health care benefits coverage.

Or, you may discontinue health care benefits if you are enrolled for medical coverage under your spouse's plan. Election requests are reviewed by Employee Benefits, which is responsible to ensure that the County's benefit plans operate within current legal guidelines.

It is the responsibility of the employee to provide a family status change request to Employee Benefits within 31 days of the change event.

Medical Benefits

HEALTHSELECT

GROUP

HealthSelect offers comprehensive healthcare benefits with low premiums and low copays. The plan also offers many enhanced benefits and a large network of physician and hospital providers.

PHYSICIAN AND HOSPITAL NETWORK

A network of over 200 physicians throughout Maricopa County in Family Health Centers and private physician offices offer a variety of choices for HealthSelect members. The plan contracts with a total of twelve hospitals in Maricopa County, including St. Joseph's Hospital in Phoenix and Chandler Regional Hospital.

There are twelve Family Health Centers (FHCs) offering comprehensive health care, many with pharmacy and dental services, for the convenience of members. Several FHCs offer extended hours on weekdays and Saturdays for your convenience. These locations include the Chandler Family Health Center, the Scottsdale Family Health Center and the Glendale Family Health Center.

COPAYMENTS FOR MEDICAL VISITS AND PRESCRIPTIONS

Primary care and specialty care physician office visits have a \$5 copay; urgent care visits have a \$5 copay; dental office visits have a \$5 copay and outpatient therapy/rehabilitation visits have a \$5 copay. The copay for a hospital emergency room visit is \$50, which is waived if the member is admitted to the hospital.

Prescription drug copays are \$4 for generic prescriptions (on formulary) and \$6 for brand name prescriptions (on formulary). These copays apply to HealthSelect's contracted network of retail pharmacies (Fry's Food Stores and United Drugs) and the pharmacies in the Family Health Centers.

PRESCRIPTION HOME DELIVERY SERVICE

Home delivery of up to a 90-day supply of maintenance medications can be arranged through the Family Health Center and the Comprehensive Health Center pharmacies. With this service, prescriptions are delivered to the member's home (within Maricopa County) for a copay of \$8 for generic and \$12 for brand name prescriptions.

WELLNESS INCENTIVES

Family wellness is a major focus of the HealthSelect plan. When HealthSelect members and their eligible dependents participate in maintaining their good health, they are also eligible to receive wellness incentives from the plan.

Health club (workout) incentive: \$75 payment every six months for active use of a health club. Member has health club staff note attendance on a certificate to provide proof of eight workouts completed per month for a six-month period.

Health screenings: \$30 variety store gift certificate for completion of annual mammograms for women over age 40, annual pap smear tests for women age 18 and older, and annual physical exams for men (age 40 and over).

Children's immunizations: \$30 variety store gift certificate for up-to-date childhood immunizations for children age 0-5.

Smoking cessation class, diabetic education program, or other health education program: \$30 variety store gift certificate for successful completion of a health education or smoking cessation class.

CHIROPRACTIC VISITS

Twelve in-network visits per year are covered, with a \$10 copay per visit. There is no prior authorization or PCP referral needed to access this benefit.

ALTERNATIVE MEDICINE

Six in-network alternative medicine visits per year are covered, with a \$5 copay per visit and a credit of \$60 for supplies prescribed by the alternative medicine provider.

DIRECT ACCESS TO SELECTED SPECIALISTS

HealthSelect members may "self-refer" or visit any family practice, internal medicine, pediatric or OB/GYN physician within the HealthSelect network without a referral from their primary care provider or prior authorization from the plan.

NO PRE-EXISTING CONDITION LIMITATION OR DEDUCTIBLE TO MEET

There is no pre-existing condition limitation or deductible to meet. Members must receive all non-emergency care from HealthSelect network providers, including physicians, hospitals, pharmacies and/or ancillary providers. However, members are always covered for emergency care, anywhere in the world.

ADDITIONAL BENEFITS

- Reimbursement of up to \$125 per semester towards the premium for student health insurance for out-of-area students.
- Adult dental (limited services).
- Pediatric dental (limited services, up to age 19).
- Lasik eye surgery (discounted price of \$875 per eye).
- Annual vision benefit through Avesis.
- \$500 hearing aid benefit.

HEALTH SELECT BENEFITS AT A GLANCE

MEDICAL SERVICES		IN-NETWORK BENEFITS
Doctor Visits		\$5 copay; You must choose a Primary Care Physician prior to service
Prescription Drug Copay – <i>formulary</i>		\$4 Generic / \$6 Brand Name
Prescription Drug Home Delivery Service – <i>formulary</i> (Available through CHC & FHC facilities only with home delivery)		Up to 90-day supply of maintenance medications \$8 generic / \$12 Brand Name
Urgent Care & After Hours		\$5 copay
Paperwork		None
Pre-existing Conditions		None
Annual Deductible		None
Lifetime Maximum Benefits		Unlimited
Preventive Care		Plan pays 100% after copay
Injectable Medications & Allergens		Plan pays 100% after copay
Inpatient Facility/Hospitalization Copay (Elective admissions must be pre-authorized)		Plan pays 100%
Emergency Facility (Must meet emergency treatment criteria)		\$50 copay; waived if admitted
Specialists Services		\$5 copay
Vision Benefit	Annual benefit available through Avesis – see page 8 for more information	
LASIK Eye Surgery		Discounted rate of \$875 per eye; You must use a HealthSelect contracted provider
Dental (Limited services)		\$5 copay per office visit Direct Access to HealthSelect dentist, no PCP referral 20% fee for some services
Out-patient Lab & X-Ray		Plan pays 100%
Hearing Aids		\$500 hearing aid benefit
Physical, Speech and Occupational Therapies		Plan pays 100% after copay
Chiropractic Care		\$10 copay per visit, up to 12 visits per year
Alternative Medicine		\$5 copay per visit, up to 6 visits; self-referred to designated network. \$60 supplies per year with out-patient copay
Ambulance		Plan pays 100%
WELLNESS INCENTIVES		
Health Club Attendance	Work out 8 times a month for six months and HealthSelect gives you a \$75 incentive Award.	
Annual Wellness Screenings	Get a \$30 gift certificate when you have your Pap Smear (18 or older); Mammogram (women 40 or older); Annual Physical (men 40 or older)	
Childhood Immunizations	Keep your child's immunizations Current and HealthSelect will reward you with a \$30 gift certificate	
Health Education Classes	Complete a smoking cessation class or a class for diabetes, asthma, etc. and you will be rewarded with a \$30 gift certificate	

CIGNA HEALTHCARE BENEFITS

CIGNA offers three different plans with key benefit and costs differences based on the freedom, choice, and use of high cost health care delivery. Two of the three plans are Point of Service (POS) plans and offer benefits through both in and out-of-network providers. Out-of-network providers are reimbursed after applicable deductibles, and paid at 70% coinsurance based on the carrier defined UCR (Usual, Customary and Reasonable) fees.

Use of in-network providers delivers the highest benefits at the lowest cost. Your PCP is the key to maximum benefits with low copays. With all CIGNA plans, you must identify a Primary Care Physician (PCP) when you enroll to get access to in-network benefit levels. There are no deductibles and no claim forms to fill out.

Each family member can choose his/her own PCP from the CIGNA HealthCare Center directory or the Private Practice directory. A PCP can be a General or Family Practice Physician, an Internist, or Pediatrician. You may change your PCP at any time simply by contacting CIGNA's Customer Service. To receive in-network coverage for a specialist, you must have a referral from your PCP.

Out-of-network coverage allows you to see any doctor of your choice. However, you will be responsible for submitting a claim

and paying out-of-network deductibles and copays. You may also be required to pay any amount over the usual and customary fees as determined by CIGNA. You must obtain pre-certification prior to an elective in-patient hospitalization or certain other medical procedures such as transplants.

Preventive care is not covered out-of-network and claims cannot be used toward your deductible. For out-of-network coverage you will need to pay for service and then submit a claim for reimbursement of your medical expenses.

CIGNA offers a prescription drug program for the POS plans. Certain availability restrictions apply to some medications. Specific drugs have quantity limits that comply with manufacturer guidelines. There may be a requirement to try at least two other similar prescription drugs before allowing certain medications to be dispensed. You can check a medication online through CIGNA's Website:

http://www.cigna.com/consumer/services/pharmacy/drug_list.html

The CIGNA HMO provides a closed formulary prescription drug benefit accessible through your PCP at the CIGNA Healthcare Centers.

CIGNA also provides an alternative medical benefit that includes chiropractic, acupuncture, and other alternative medical benefits. It is limited to 6 no-referral visits and \$60 per year for medicinal drugs and herbal applications.

HERE IS A COMPARISON OF THE 3 CIGNA PLANS AND YOUR COST

BENEFITS	PRIME OPTION PLUS (POS)		HMO STAFF MODEL	PRIME OPTION (POS)	
	GROUP #		GROUP #	GROUP #	
	In-network	Out-of-network	Closed Panel CIGNA Health Centers Network	In-network	Out-of-network
Doctor's visits	\$5	Plan pays 70% after deductible	\$10	\$15	Plan pays 70% after deductible
Network and Provider Access	Private Practice (IPA) or CIGNA Center Doctors	Any Doctor taking private patients	CIGNA Center Doctors Only	Private Practice (IPA) or CIGNA Center Doctors	Any Doctor taking private patients
Prescription drug copays for 30-day supply (network pharmacies)	\$5	\$5	\$10 Generic \$15 Brand (CIGNA list only)	\$10 Generic \$15 Brand	
Formulary (list of covered drugs)	Open Certain availability limitations apply		Closed (limited list)	Open Certain availability limitations apply	
Mail-order Prescription Drugs (Tel-Drugs)	\$10 for 90-day supply		\$20 generic/\$30 brand for 90-day supply	\$20 generic/\$30 brand for 90-day supply	
In-patient Hospitalization Copay (Elective admissions must be pre-authorized)	None	Plan pays 70% after deductible	None	\$250 reimbursed by Maricopa County	Plan pays 70% after deductible
Out of Network Annual Deductible	None	\$300/individual \$900/family	None	None	\$500/individual \$1,500/family

This Information highlights the CIGNA HealthCare Plan Benefits. See the Group Service Agreements or plan document for complete information on benefits and exclusions. A copy of the policy can be accessed on the EBC.

COMMON CIGNA HMO & POINT OF SERVICE BENEFITS

BENEFIT PROVISIONS	CIGNA HMO	POS (POINT OF SERVICE) PLANS	
		In-Network	Out-of-Network
Must Select a Primary Care Physician	Yes		No
Specialists Services	Referral from Primary Care Physician Required		Direct Access to all providers no referral required
Out-Patient Lab & X-Ray	Free		Plan pays 70% after deductible subject to day and dollar plan limits
CIGNA Urgent Care	\$20 per visit		
Injectable Medications & Allergens	Plan pays 100% after copay		
Physical, Speech, Occupational & Chiropractic Therapy	Plan pays 100% after copay		
Emergency Facility (if it meets emergency treatment criteria and in a facility other than CIGNA)	\$50 copay (waived if admitted)		
Alternative Medicine	6 visits, self-referred to designated network \$60 supplies per year with out-patient copay		
Benefit Limit Per Contract Year For Physical, Speech, Occupational and Chiropractic Therapy	60 visits within 60 days per condition. Copay varies by plan		
Co-insurance (out of network care)	No Co-insurance Plan pays 100% after copays		70% after deductible (charges over and above CIGNA's Usual and Reasonable Charges not covered)
Out-of-pocket Maximum Before 100% Coverage	Unlimited lifetime benefits maximum		\$6,000 then plan pays 100% rest of year (30% copay plus deductible) (excludes charges above R&C)
Ambulance	Plan pays 100%		Plan pays 100%
Vision	Annual benefit available through Avesis		Annual benefit available through Avesis
Hearing Aids	100% Standard Model		Not Covered
Preventive	Plan pays 100% after copay		Not covered
Dependent Children	Covered to age 19 or up to age 25 if full time student. Handicapped children covered at any age if recorded before age 19 cut-off		

PRE-EXISTING LIMITATION

A pre-existing condition is any illness or injury that is diagnosed or treated during a 90-day period immediately before your effective date of coverage under this plan.

Under the Health Insurance Portability and Accountability Act (HIPAA), you will receive credit toward a pre-existing waiting period for any group health care coverage you had. You must provide a certificate from your previous employer which documents there was no more than a 63-day period between termination of your prior health coverage and employment with the County.

You must have a "Qualified Family Status Change" as defined by the Internal Revenue Service in order to change your medical, dental, or reimbursement accounts after January 1, 2002. Please review this brochure for more information on how to make changes to your insurance plans during the plan year.

Vision Benefits

AVESIS VISION CARE INSURANCE

GROUP #

The Avesis Vision coverage is offered to all employees and their families of Maricopa County who enroll in the HealthSelect and CIGNA medical plans.

Avesis is a dual choice benefit. You may choose from a participating network provider or non-participating provider. However, when you select a participating network provider you maximize your benefit. If you purchase non-covered products or services from a participating network provider, our providers have contracted with Avesis to offer them at a reduced rate to Avesis members.

You can choose one of three In-network options or you may go out-of-network to receive your annual vision benefit. If you go out-of-network you must pay the provider and submit an itemized statement for reimbursement of vision care expenses, within 3 months from the date of service. Claim forms are available on the Benefits Websites. When filing a claim, you must provide the following information: member's identification number, member's name, patient's name, patient's date of birth, member's mailing address and the group number.

	IN-NETWORK	OUT-OF-NETWORK
Option One		
Vision Exam	\$10 copay	Max Benefit to \$35
Eyeglass Lenses (pair) <i>Includes standard polycarbonate, clear glass or cr39 basic plastic</i>	\$10 combined copay for standard lenses/frame*	
Single Vision Lenses	\$10 copay*	Max Benefit to \$25
Bifocal Lenses	\$10 copay*	Max Benefit to \$40
Trifocal Lenses	\$10 copay*	Max Benefit to \$50
Lenticular	\$10 copay*	Max Benefit to \$80
Frame (<i>within plan allowance</i>)	\$10 copay*	Max Benefit to \$45
Tints and Coatings	20% discount	\$0
OR		
Option Two		
Vision Exam	\$10 copay	Max Benefit to \$35
Contact Lenses-Elective	\$130 allowance for contact lenses and/or professional services	Max Benefit to \$130
Contact Lenses-Medically Necessary	Covered	Max Benefit to \$250
OR		
Option Three (A one time lifetime benefit allowance that takes the place of all other benefits for that benefit period)		
LASIK Surgery Benefit	Through Southwestern Eye Center only \$150 applies toward the cost of the LASIK surgery	\$0

* Indicates a \$10 combined copay for lenses and frame.

For more information regarding your new vision care plan, please contact the Avesis Customer Service Department, Monday through Friday 7:00 a.m. – 5:00 p.m. at 1-800-828-9341. When calling the Avesis Customer Service Department, please identify yourself as a Maricopa County employee. In addition, you may visit the Avesis Website to assist in choosing a provider at www.Avesis.com.

You may also refer to the Avesis brochure and provider directory on the Maricopa County Website at <http://www.maricopa.gov/benefits/>

Mental Health and Substance Abuse Benefits

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

Mental Health and Substance Abuse benefits are a component of HealthSelect and CIGNA medical plans.

When you enroll in a County medical plan, CIGNA Behavioral Healthcare (previously called MCC) will automatically cover you for managed mental health and substance abuse (MHSA) benefits. This is a healthcare program provided for all employees regardless of the medical plan in which you are enrolled. Likewise, your eligible dependents enrolled in a County medical plan will be covered for MHSA benefits. There is no additional cost for you or your covered dependents to participate in the program.

If you waive medical coverage, you will not have Mental Health and Substance Abuse benefits.

There is a pre-existing condition limitation. If you or a covered dependent has been treated for a behavioral health condition in the three months prior to coverage, no behavioral health benefits will be payable until the member is treatment free for three months or simply covered for 12 months. If you can provide proof of continued coverage under a prior health plan, you can reduce the waiting period for each month of

continuous prior coverage according to relevant HIPAA regulations. Treatment is considered diagnostic services, consultation, or prescription drugs. For exceptions to the pre-existing condition limitation, please see HIPAA regulation.

There are three ways to access Mental Health and Substance Abuse benefits:

- Help Line 24 hours a day
- Maricopa County Employee Assistance Program
- Sheriff's Office Psychological Services (Sheriff's Office Employees)

Through these services you can receive confidential counseling whenever you or a covered dependent is faced with a personal challenge. Provided below is a summary of the benefits. It is **IMPORTANT** you understand that benefits are payable only if each service is pre-approved before you start treatment by CIGNA Behavioral Healthcare and determined as medically necessary. Please contact CIGNA Behavioral Healthcare at 1-800-343-2183 for precertification.

CIGNA BEHAVIORAL HEALTH CARE (CBH) INCLUDING DRUG AND ALCOHOL CARE (FORMERLY CALLED MCC):

TYPE OF TREATMENT	IN-NETWORK	OUT-OF-NETWORK
Inpatient Care	\$25 copay per day then plan pays 100%	Not Covered
Inpatient Detoxification	Plan pays 100%	Plan pays 70% after deductible
Out-Patient Individual Session (pre-approved by CBH; combined individual and group visit limitation)	\$10 copay per visit (up to 30 visits per year)	Plan pays \$25 per visit
Intermediate Care (Intensive out-patient care)	\$12.50 copay per day	Not covered
Out-Patient Group Therapy (pre-approved by CIGNA)	\$5 copay per visit	Plan pays \$25 per visit
Prescription Drugs	Covered by the medical plan employee selects	Covered by the medical plan employee selects
Pre-Existing Conditions Limitation	3 months treatment-free or 12 months of County medical plan coverage	3 months treatment-free or 12 months of County medical plan coverage

Dental Benefits

UNITED CONCORDIA DENTAL

GROUP #

United Concordia Dental offers you freedom of choice in providers. As a PPO contract you are provided coverage for both participating and non-participating dentists. Participating dentists will submit your claim and receive direct payment from the plan. You only pay your deductible and coinsurance. If you use a non-participating dentist, you can assign payments to that dentist by signing the claim appropriately. If you do this, your dentist will likely submit the claim for you since they will be paid directly by United Concordia when you sign over the payments.

Participating providers have agreed to discount their fees for the benefit of accessing our employees as patients. Alternatively, United Concordia will recognize the fee level that represents what a significant majority of non-participating dentists charge in the area. In some instances, non-participating dentists may expect the participant to pay the difference above the fee the plan will allow per service.

EMPLOYERS DENTAL SERVICES - EDS

GROUP #

EDS members pay a \$3 office visit copayment to receive services such as an oral exam, x-rays, cleaning, fluoride treatment and oral hygiene instruction. There are no deductibles, yearly maximums, or claim forms to file. This prepaid dental plan has a specified copay schedule of benefits. For more information, please check the Benefits Websites or contact EDS customer service.

There is no waiting period for basic, preventive and major dental services. Existing conditions are covered, except for procedures in progress and specialty care is provided at a discount. Orthodontic benefits are available for children and adults. There is also an emergency benefit available 24 hours a day.

EDS members may choose a dentist from a network of contracted dentists. You have the freedom to change dentists, however, all changes are effective the 1st of the following month. Visit the EDS Website at www.mydentalplan.net to see the most recent dentist directory. Customer service representatives can answer questions by calling 602-248-8912.

DENTAL PLAN COMPARISON

BENEFIT FEATURES	UNITED CONCORDIA	EMPLOYERS DENTAL SERVICES - EDS
Annual Maximum (Non-orthodontia Services)	\$2,000	No maximum or waiting period for basic, preventive or major services
Orthodontic Service	Plan pays 50% up to \$1,500 lifetime benefit (separate from calendar year maximum)	Under age 19 – copay of \$2,475 – \$2,675 Over age 19 – copay of \$2,675 – \$2,875
Provider Network Access	In-Network, and Out-of-Network, providers both available	EDS contracted dentists
Deductible	\$50 per person/\$100 per family (waived for preventive care)	No deductible or claim forms to file
Preventive Services	Plan pays 100% Includes office visit, 2 cleanings per year, 2 oral exams per year, x-rays (2 sets of bitewings per calendar year to age 13; one set of bitewings per calendar year ages 14 and older), sealants (to age 15), palliative treatment, and fluoride (to age 19)	Preventive Only (at general dentist) Includes office visit – \$3 copay, Cleaning – no copay, Oral exam – no copay, X-rays – no copay, Fluoride – no copay, Sealants for children \$12 copay, Emergency – up to \$125 reimbursement
Basic Restoration	Plan pays 80% Includes fillings, oral surgery, endodontics, periodontics, repairs, simple extractions, complex oral surgery, and general anesthesia	Basic Services (at general dentist) Fillings: (amalgam) \$8 – \$21 copay Oral Surgery: from \$35 copay Endodontics: root canal \$170 – \$265 copay Periodontist: debridement \$80 copay; Scaling & root planing quadrant \$90 copay
Major Services	Plan pays 50% Includes Inlays, Onlays, Crowns, Complete and partial dentures	Major Restorative (at general dentist) Crown: porcelain w/metal \$250 copay + lab fee Complete dentures upper or lower \$325 copay + lab fee Partial dentures upper or lower \$375 copay + lab fee Bridge per unit \$250 copay + lab fee

Life Insurance Benefits

UNUM LIFE GROUP

BASIC LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The County provides you with a basic life insurance benefit equal to one multiple of your salary. Annual salary excludes overtime, bonus, or commissions and is rounded to the next highest \$1,000 and paid by Maricopa County.

SUPPLEMENTAL LIFE WITH AD&D (ACCIDENTAL DEATH & DISMEMBERMENT)

If you want additional protection, you can purchase supplemental term life including AD&D insurance. You can elect coverage in amounts of one to five times your annual salary upon your initial hire. Coverage is rounded to the next highest \$1,000. If you elect more than \$500,000, you will have to provide evidence of good health. The maximum coverage you can have for basic and supplemental coverage combined is \$1,000,000.

Basic life and supplemental life is paid for any cause of death. The basic and supplemental term life benefits also include Accidental Death and Dismemberment (AD&D) benefits. This benefit doubles the face value of your basic and supplemental term life benefits in the event of death caused by an accident.

Please refer to your life insurance certificate for more information about benefits.

You may enroll in supplemental life/AD&D when you are first hired, or within 31 days of:

- The date you acquire your first dependent, whether spouse or child,
- The date you receive approval based on your evidence of good health.

You may also choose to increase your supplemental life coverage by ONE level during open enrollment. More than that and you must complete and provide evidence of good health questionnaire.

You can request additional coverage at any time by completing the evidence of good health form available on-line or by contacting the benefits office.

TERMINAL ILLNESS BENEFIT

If you are diagnosed with a terminal illness, you may request 50% of your life insurance benefit.

SPECIAL RATES FOR NON-SMOKERS

As part of the County's commitment to good health, a reward is offered for leading a healthier lifestyle. If you are a non-smoker, your life insurance premiums are lower than smokers'.

Note: The contract has an incontestability clause as follows:

Any statements that are made by an employee and found to be untrue or incomplete at the time they are made can result in a reduction or denial of any claim made during the first two years of coverage.

DEPENDENT LIFE

In addition to life insurance for yourself, you can choose 2 levels of life insurance for your eligible dependents.

Note: If your spouse is an employee of Maricopa County, only one of you may elect dependent life coverage.

You can choose the following amounts:

	OPTION A	OPTION B
Spouse*	\$5,000	\$10,000
Children (age 14 days to 19 years or to age 25 if a full time student)	\$2,500	\$5,000

* When you or your spouse reach age 70, life insurance will be reduced to 65% of the original amount; At age 75 life insurance will be reduced to 50% of the original amount.

CONTINUING BASIC AND SUPPLEMENTAL LIFE

Both the Basic and Supplemental life plans have a portability feature that allows you to continue your coverage at an affordable cost. You must contact Employee Benefits to request the portability forms which must be forwarded to the insurance carrier within 45 days of your termination from contract benefits.

Employees over seventy may convert the portion of the life coverage that they lose as a result of the reduction in benefit. Please contact Employee Benefits with 31 days of the date of your 70th birthday for the conversion forms.

STD Benefits and Flexible Spending Accounts

SHORT TERM DISABILITY BENEFITS

The Short Term Disability plan pays benefits if you are unable to work and lose income because of a covered illness or injury for which you are being treated. Here are the benefit highlights. If you would like further details please review the Short Term Disability Summary Plan Description (SPD).

You can choose one of the following benefit levels, subject to a \$2,000 maximum biweekly benefit.

- 40% of weekly salary* ■ 50% of weekly salary
- 60% of weekly salary ■ 70% of weekly salary

*Closed to new employees effective 1/1/2000.

There is a 14 day benefit waiting period from the onset of disability to when your benefit becomes payable. Benefits are paid weekly for up to a maximum of six months (including your waiting period), or until your disability ends, whichever comes first.

The **Return to Work Incentive** is designed to encourage you to return to work even if that means only part time. If you earn more than 30% of your pre-disability earnings (you can earn up to 30% and not have your benefit affected at all) in your regular occupation or another occupation then your STD benefit will pay you 100% of your pre-disability gross earnings when you add your part time earnings to your weekly benefit. If your weekly benefits and your earnings exceed 100% of your pre-disability earning, your benefit will be reduced so that the total amount equals 100% of your pre-disability wage.

Your benefit will be reduced by any income that you receive, including but not limited to:

- County-provided PTO/FML (sick pay for courts),
- County paid donated leave,
- Workers' Compensation, income protection,
- All retirement or disability benefits from any State or Government plan,
- All Veteran's disability pension benefits if received for the same disability.

If you have another disability in less than two weeks after you've returned to your regular work schedule, it will be considered the same disability, unless it is unrelated to the previous one. No new disability period will begin until you have been back to work for at least one full pay period.

PRE-EXISTING CONDITION LIMITATION FOR STD

If you have a disability for which you received treatment (including diagnostic services and prescription drugs) within 90 days before your coverage became effective, no benefits will be payable for that condition until you have been treatment-free for three months or covered by the plan for twelve months.

MARIFLEX FLEXIBLE SPENDING ACCOUNTS MEAN MORE IN YOUR POCKET!

Save Taxes on Health Care Expenses such as Medical, Dental and Vision, plus Dependent Care Expenses Including Child Care, and Adult Care.

Health Care expenses as defined in Section 213 of the Internal Revenue Code that cannot be paid by any insurance, except insurance premiums, long-term care expenses and expenses incurred for strictly cosmetic procedures. Refer to IRS Publication 502 for additional information. Included are such things as:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery,
- Dental exams, cleaning, fillings, crowns, braces,
- Chiropractic care,
- Prescription drugs and insulin,
- Hearing aids and exams,
- Routine doctor visits,
- Copays and deductibles,
- Mileage.

You can include expenses for everyone on your tax return, even if you do not cover them on your insurance.

Dependent Care expenses are child and/or adult dependent care expenses you incur that enable you to work. If you are married, your spouse must also work or be a full time student. You must claim the dependent on your tax return. If you are divorced, you must be the custodial parent, but are not required to claim the exemption. Your child must be under 13 or if care is for an older person he/she must be incapable of self-care. Refer to IRS publication 503 for more information. Expenses include:

- Day care centers (must comply with state and local laws),
- Babysitters,
- Pre-school (before Kindergarten),
- General-purpose day camps.

You decide how much to set aside in each account for the year up to the maximums in each plan. This is called your "**election**." Your election amount will be divided by the number of paychecks you expect to receive within the plan year in which you made your election. Your compensation will be reduced by this amount each paycheck to fund the accounts.

After you have incurred a qualifying expense, you will file a claim. **An expense is considered incurred when the services are provided or the products are ordered.** Expenses must be incurred during the Plan Year (January 1 through December 31). Your coverage period will be shorter should you leave County service. Include only those expenses that you are sure you will incur when figuring your election, since any amount you do not incur for qualifying expenses cannot be returned to you.

Deferred Compensation Benefits

Maricopa County, in partnership with Nationwide Retirement Solutions (formally known as PEBS CO), offers you one of the best Deferred Compensation plans in the country.

WHAT ARE THE BENEFITS OF A DEFERRED COMPENSATION PROGRAM?

It's tax deferred. A deferred compensation program lets you contribute money to your account first – before it's taxed – and postpone paying current income taxes until retirement. By postponing current income taxes on your contributions, you have more money to grow and compound over the years. This plan is tied to employment not age, this means that you are eligible to take out the funds when you separate service from Maricopa County regardless of your age.

HOW MUCH MAY I CONTRIBUTE FROM MY PAYCHECK?

The maximum contribution amount is normally 25% of your gross income or \$11,000 for the year 2002 and indexed thereafter.

HOW MUCH SHOULD I CONTRIBUTE?

There is no "one-size-fits-all" answer to this question, but the general answer is "as much as you can." A more accurate answer depends on many variables, including the amounts you might receive from your pension and Social Security, what your investments earn between now and the time you retire, and what kind of standard of living you want at retirement. Regardless of how much you can afford to contribute, there are big benefits to joining the Deferred Compensation program sooner rather than later.

WHY SHOULD I START NOW?

There are two important factors that can help your retirement account grow – time and compounding. The sooner you start – the better. Time value of money-compounding interest. Start today!

HOW DO I KNOW WHERE TO INVEST MY MONEY?

Retirement Specialists can provide personalized assistance with your retirement needs at a face to face meeting. Licensed and trained Retirement Specialists are also available to you through a unique service called Direct Access. We have teamed up with Ibbotson Associates, one of the nation's premier providers on investment modeling, and are introducing a new program based on an Ibbotson asset allocation model, a tool designed to help you decide just what type of an investor you are.

WHAT TYPE OF INVESTMENT OPTIONS DO I HAVE TO PICK FROM?

We offer a wide range of investment options, that serve every investors needs. We also offer a Personal Choice Retirement Account (PCRA), in conjunction with Charles Schwab that allows you to invest in stocks, mutual funds and a variety of other securities not offered through the core program. Our core program offers funds, including fund families such as Vanguard, American Century, Putnam, Janus, and INVESCO.

IF YOU WANT TO ENROLL

To request a face to face visit with a retirement specialist call

*Nationwide Retirement Solutions
at 602-266-2733,*

or their toll free customer service at 1-800-598-4457.

Website address: www.nationaldeferred.com

*Walk in service: 4747 N. 7th Street #418
Phoenix, AZ 85014*

2002 Premium Rates

Important Reminder: Payroll deductions for the insurance plans will be made each payday, a total of 26 paydays per calendar year. Premiums listed reflect the biweekly payroll deduction. Actual premium deduction may vary by 1 or 2 cents due to rounding.

The following medical insurance plan costs include the cost of the Avesis Vision plan and the Managed Mental Health and Substance Abuse Benefits through CIGNA Behavioral Healthcare.

HEALTHSELECT

FULL TIME AND PART TIME		FULL TIME AND PART TIME	
County Contribution Per Payday		Employee Cost Per Payday	
Employee Only	\$113.01	Free	
Employee and Spouse	\$201.76	\$14.42	
Employee and Child(ren)	\$171.75	\$11.23	
Employee and Family	\$260.41	\$33.87	

CIGNA HMO

FULL TIME			PART TIME	
60 hours or more per pay period			Between 40 and 59 hours per pay period	
	County Contribution Per Payday	Employee Cost Per Payday	County Contribution Per Payday	Employee Cost Per Payday
Employee Only	\$116.48	\$ 2.48	\$ 76.93	\$42.03
Employee and Spouse	\$205.23	\$29.27	\$134.61	\$99.89
Employee and Child(ren)	\$175.22	\$20.28	\$115.11	\$80.39
Employee and Family	\$263.88	\$47.02	\$172.73	\$138.17

CIGNA PRIME OPTION

FULL TIME			PART TIME	
60 hours or more per pay period			Between 40 and 59 hours per pay period	
	County Contribution Per Payday	Employee Cost Per Payday	County Contribution Per Payday	Employee Cost Per Payday
Employee Only	\$116.48	\$ 8.51	\$ 76.93	\$ 48.06
Employee and Spouse	\$205.23	\$41.33	\$134.61	\$111.95
Employee and Child(ren)	\$175.22	\$30.24	\$115.11	\$ 90.35
Employee and Family	\$263.88	\$63.02	\$172.73	\$154.17

CIGNA PRIME OPTION PLUS

FULL TIME			PART TIME	
60 hours or more per pay period			Between 40 and 59 hours per pay period	
	County Contribution Per Payday	Employee Cost Per Payday	County Contribution Per Payday	Employee Cost Per Payday
Employee Only	\$116.48	\$34.03	\$76.93	\$73.58
Employee and Spouse	\$205.23	\$92.37	\$134.61	\$162.99
Employee and Child(ren)	\$175.22	\$72.35	\$115.11	\$132.46
Employee and Family	\$263.88	\$130.64	\$172.73	\$221.79

2002 Premium Rates *Continued*

DENTAL

EMPLOYEE DENTAL SERVICES (EDS)

UNITED CONCORDIA

	PRE-PAID DENTAL		INDEMNITY DENTAL	
	County Contribution Per Payday	Employee Cost Per Payday	County Contribution Per Payday	Employee Cost Per Payday
Employee Only	\$1.84	\$1.84	\$5.84	\$5.84
Employee and Spouse	\$3.50	\$3.50	\$12.87	\$12.87
Employee and Child(ren)	\$4.59	\$4.59	\$13.91	\$13.91
Employee and Family	\$5.29	\$5.29	\$17.89	\$17.89

You must have a "Qualified Family Status Change" as defined by the Internal Revenue Code Section 125, in order to change your medical, dental or reimbursement accounts after January 1, 2002. Please see other sections in this brochure for further information on how to make changes to your insurance plans during the course of the plan year.

SHORT TERM DISABILITY PLAN

Paid 100% by Employee

MULTIPLY YOUR BIWEEKLY BASE PAY BY THE FOLLOWING RATE:	BIWEEKLY RATE MULTIPLE OF PAY
40% of Biweekly Base Salary (\$2,000 bi-weekly maximum benefit)*	\$0.0040*
50% of Biweekly Base Salary (\$2,000 bi-weekly maximum benefit)	\$0.0050
60% of Biweekly Base Salary (\$2,000 bi-weekly maximum benefit)	\$0.0060
70% of Biweekly Base Salary (\$2,000 bi-weekly maximum benefit)	\$0.0070

*Closed to new employees effective 1/1/2000.

EXAMPLE OF HOW TO CALCULATE YOUR PAYROLL DEDUCTION

Annual Salary: \$25,000	50% Premium	60% Premium	70% Premium
Multiply Annual Salary with STD multiplier to determine annual premium	\$25,000 X.005	\$25,000 X.006	\$25,000 X.007
Annual Premium	\$125	\$150	\$175
Divide Annual Premium by 26 (representing 26 pay periods) to determine payroll deduction.	\$125 ÷ 26	\$150 ÷ 26	\$175 ÷ 26
Payroll Deduction	\$4.81	\$5.77	\$6.73

2002 Premium Rates *Continued*

BASIC LIFE INSURANCE

Basic Life with Enhanced Accidental Death & Dismemberment (AD&D)

1 Times Salary, paid by Maricopa County

Supplemental Life Insurance with Enhanced Accidental Death & Dismemberment (AD&D)

1 to 5 Times Salary, paid by Employee.

5 Year Age Categories	Employee Cost Per Payday per \$1,000 of Coverage	Employee Cost Per Payday per \$1,000 of Coverage
	Smoker	Non-Smoker
15- 24	\$0.043538	\$0.031338
25-29	\$0.046538	\$0.035038
30-34	\$0.049538	\$0.042538
35-39	\$0.078538	\$0.046538
40-44	\$0.107538	\$0.057538
45-49	\$0.202538	\$0.093538
50-54	\$0.363538	\$0.162538
55-59	\$0.370538	\$0.206538
60-64	\$0.565538	\$0.343538
65-69	\$0.689538	\$0.482538
70 and Older	\$1.123538	\$0.883538

DEPENDENT LIFE INSURANCE

Paid by Employee

	Option One	Option Two
Spouse	\$5,000	\$10,000
Children, live birth to 14 days	\$1,000	\$ 1,000
14 days to 19 years; 25 years if full time student	\$2,500	\$ 5,000
Employee Cost Per Payday:	\$ 0.77	\$ 1.54

EXAMPLE OF HOW TO CALCULATE YOUR SUPPLEMENTAL LIFE AND AD&D PAYROLL DEDUCTION

Take your annual salary – **Example: \$24,500**

Round up to the nearest \$1,000 and then multiply	1 X Salary	2 X Salary	3 X Salary	4 X Salary	5 X Salary
	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000
Take the Salary amount and divide by \$1,000	1 X Salary	2 X Salary	3 X Salary	4 X Salary	5 X Salary
	25	50	75	100	125

Refer to the Supplement Life Insurance table above to find your age category and cost multiplier

Example: Age 37	0.046538	0.078538	
	Multiplier for Non-Smoking	Multiplier for Smoking	Amount of Coverage
1 X Salary	0.046538 X 25 = \$1.16	0.078538 X 25 = \$1.96	\$25,000
2X Salary	0.046538 X 50 = \$2.33	0.078538 X 50 = \$3.93	\$50,000
3X Salary	0.046538 X 75 = \$3.49	0.078538 X 75 = \$5.89	\$75,000
4 X Salary	0.046538 X 100 = \$4.65	0.078538 X 100 = \$7.85	\$100,000
5 X Salary	0.046538 X 125 = \$5.82	0.078538 X 125 = \$9.82	\$125,000

Who to Contact

Maricopa County Employee Benefits
Maricopa County Administration Building
301 West Jefferson Street, Suite 201
Phoenix, Arizona 85003-2145



EMPLOYEE BENEFITS	PHONE	E-MAIL	WEB ADDRESS
Maricopa County Employee Benefits	602-506-1010 Fax: 602-506-2354	BenefitsService@mail.maricopa.gov	Internet: http://www.maricopa.gov/benefits/ Intranet: http://ebc.maricopa.gov/hr/benefits/
MEDICAL PLANS			
CIGNA	1-800-832-3211 602-271-3000 Tel Drug: 1-800-835-3784		Http://www.cigna.com/consumer/services/healthcare/
HealthSelect Outside Phoenix	602-344-8760 1-800-582-8686		
AVESIS Vision Plan A component of the HealthSelect and CIGNA medical plans	Customer Service 1-800-828-9341	info@avesis.com	www.Avesis.com
CIGNA Behavioral Healthcare A component of the HealthSelect and CIGNA medical plans	Customer Service 1-800-343-2183		
DENTAL PLANS			
United Concordia	1-800-332-0366		Http://www.unitedconcordia.com/members/members.html
Employer's Dental Service (EDS)	602-248-8912 1-800-722-9772		Http://www.mydentalplan.net/
UNUM LIFE INSURANCE AND SHORT TERM DISABILITY			
Short Term Disability	602-506-1627 or 1-800-345-6495X4288		
Life Customer Service	1-800-421-0344		www.unum.com
Life Conversion & Portability	1-800-343-5406		www.unum.com
Life Claims	1-800-445-0402		www.unum.com
OTHER IMPORTANT NUMBERS			
ASI-Mariflex	1-800-659-3035		e-mail: asi@asiflex.com http://www.asiflex.com
Nationwide Retirement Solutions (Deferred Compensation)	1-800-653-4632		e-mail: askus@nationwide.com http://nationaldeferred.nrrservicecenter.com/nrs/?Site=NDC:
Employee Assistance Outside of Phoenix	602-264-4600 Press 2 1-800-327-3517 Press 2		
Arizona State Retirement System Outside of Phoenix	602-240-2000 1-800-621-3778		http://www.asrs.state.az.us/
Public Safety Retirement System	602-255-5575		http://www.psprs.com/

2002 Payroll Schedule

<i>Pay Period</i>	<i>Mariflex*</i>	<i>Beginning</i>	<i>Ending</i>	<i>Paydays</i>
1	26	December 24, 2001	January 6, 2002	January 11, 2002
2	25	January 07, 2002	January 20, 2002	January 25, 2002
3	24	January 21.,2002	February 03,2002	February 08, 2002
4	23	February 04, 2002	February 17, 2002	February 22, 2002
5	22	February 18, 2002	March 3, 2002	March 08, 2002
6	21	March 04, 2002	March 17, 2002	March 22, 2002
7	20	March 18, 2002	March 31, 2002	April 05, 2002
8	19	April 01, 2002	April 14, 2002	April 19, 2002
9	18	April 15, 2002	April 28, 2002	May 03, 2002
10	17	April 29, 2002	May 12, 2002	May 17, 2002
11	16	May 13, 2002	May 26, 2002	May 31, 2002
12	15	May 27, 2002	June 09, 2002	June 14, 2002
13	14	June 10, 2002	June 23, 2002	June 28, 2002
14	13	June 24, 2002	July 7, 2002	July 12, 2002
15	12	July 08, 2002	July 21, 2002	July 26, 2002
16	11	July 22, 2002	August 04, 2002	August 09, 2002
17	10	August 05, 2002	August 18, 2002	August 23, 2002
18	09	August 19, 2002	September 01, 2002	September 06, 2002
19	08	September 02, 2002	September 15, 2002	September 20, 2002
20	07	September 16, 2002	September 29., 2002	October 04, 2002
21	06	September 30, 2002	October 13, 2002	October 18, 2002
22	05	October 14, 2002	October 27, 2002	November 01, 2002
23	04	October 28, 2002	November 10, 2002	November 15, 2002
24	03	November 11, 2002	November 24, 2002	November 29, 2002
25	02	November 25, 2002	December 08, 2002	December 13, 2002
26	01	December 09, 2002	December 22, 2002	December 27, 2002

* Use the Mariflex column to estimate the number of pay periods left in the year when figuring your employee cost per payday. For example, if your benefits become effective on May 27, 2002, divide your total employee cost by 15 to determine your cost per payday.

Need more information?

Go online to obtain the information and enrollment forms you need to make your coverage choices.

The Intranet, EBC address is: <http://ebc.maricopa.gov/hr/benefits/>

The Internet address is: <http://www.maricopa.gov/benefits/>